

No. OCe-01**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent Thomas Rudolf van BerkelSex M Date of Death Jan 10, 2006Place of Death SouthboroughDate of Birth Jan 11, 1926Immediate Cause CarcinomatosisCertifier Philip L. Kantor M.D.Permit Issued To Anthony Athy
Athy MemorialDisposition At Saint John's Cem.Name of Facility Athy Memorial HomeDate Permit Issued Jan 13, 2006No. OCe-01**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately to the Issuing City/Town, properly endorsed*to Town Clerk
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Thomas Rudolf van Berkel

If a U.S. War Veteran, specify what war, organization, etc.

United States Navy, WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. John's Cemetery
(Name of cemetery or crematory)(City/Town)
January 17, 2006

on

Final Disposition Faith, 10, 58Certified by Robert V. Aherman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. OC-02

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William H. Baker Jr.

Sex M Date of Death Feb 11, 2006

Place of Death 34 Clifford St

Date of Birth May 16, 1924

Immediate Cause Chronic obstructive Lung Disor

Certifier Dr Vincent Yoon M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Crematory

Name of Facility Morris Funeral Home

Date Permit Issued Feb 13, 2006

No. OC-02

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

To Town Clerk
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent William H. Baker Jr.

If a U.S. War Veteran, specify what war, organization, etc.

WWII - Navy

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) FEB 15 2006 (City or Town)
on 180 Grove Street
Worcester, MA 01605

Final Disposition

Certified by John H. Corlett
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Namassiuaya Dotli

Sex M Date of Death Feb. 16, 2006

Place of Death 22 Southwood Drive

Date of Birth Aug. 1 1944

Immediate Cause Metastatic Pancreatic Cancer

Certifier Michael Goldstein M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CEMETORY WORCESTER MA

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued FEBRUARY 19 2006

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent Namassiuaya Dotli

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) 180 Grove Street
on Feb 21, 2006 Worcester, MA 01605

Final Disposition

Certified by John D. Goldstein
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 06-04

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Donald McCandless

Sex M Date of Death Feb 28, 2006

Place of Death Southboro MA

Date of Birth Nov 4 1948

Immediate Cause Glioblastoma

Certifier Patrick J. Len M.D.

Permit Issued To Arthur F. Douglass

Disposition At Rural Cemetery

Name of Facility Douglass Fun Home

Date Permit Issued March 3, 2006

No. 06-04

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Donald J. McCandless

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on March 4, 2006

Final Disposition Sec. K, Grv. #10

Certified by *Douglas H. Douglass*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. OC-05No. OC-05**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent Franklin H. SpinnerSex M Date of Death March 5 2006Place of Death Southborough MADate of Birth Sept 21, 1939Immediate Cause Pancreatic CancerCertifier Jane Blanco M.D.Permit Issued To David PickeringDisposition At Rural CemeteryName of Facility Rand-HarperDate Permit Issued March 7 2006**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Franklin H. Spinner

If a U.S. War Veteran, specify what war, organization, etc.

Korean**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 9, 2006Final Disposition Sec. L., Crypt #228 Btm.Certified by Bill [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 06-06

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Lawrence H. ClarkSex M Date of Death May 31, 2006Place of Death Southborough, MADate of Birth July 13, 1959Immediate Cause PendingCertifier Dr Evans M.D.Permit Issued To Morris Funeral HomeDisposition At Rural CemeteryName of Facility Nancy MorrisDate Permit Issued June 5, 2006

No. 06-06

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Toon Clark
(Office issuing permit)City or Town of Southborough, MassName of Decedent Lawrence H. Clark

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA
(Name of cemetery or crematory) (City or Town)on June 6, 2006Final Disposition Section 1, Grv #125Certified by Douglas J. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*

Name of Decedent Kathleen Curtis

Sex F Date of Death June 27, 2006

Place of Death Southborough

Date of Birth June 29, 1918

Immediate Cause CARDIOMYOPATHY

Certifier Donald Love M.D.

Permit Issued To Morris Funeral Home

Disposition At East Fork Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued June 28, 2006

No. 06-08No. 06-08**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased BENJAMIN LULOFFAge 90 — months — daysPlace of death SouthboroughDate of death June 29, 2006Cause of death LUNG CANCERInterment at RURAL CEMETERY, Worcester MADate permit issued JUNE 30, 2006Certified by JAMES HOWE M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased BENJAMIN LULOFF

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
Rural Crematory
180 Grove Street
Worcester, MA 01605
(Name of cemetery or crematory)
(For town)on JUL 03 2006Certified by James Howe
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. OC-09.....No. OC-09.....**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Cheona ChanName of Deceased Soo Lien YungAge 81 years - months - daysPlace of death Southborough MADate of death August 23, 2006Cause of death Lung CancerInterment at Forest Hills Cem.Date permit issued August 25, 2006Certified by James Howe M.D.**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Soo Lien Yung

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETERY, BOSTON, MA
(Name of cemetery or crematory) (City or town)on August 28, 2006Certified by James Howe

(Signature of Superintendent, Cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-10**BURIAL (OR REMOVAL) PERMIT**

Stub to be retained by officer issuing permit

Issued to Morris Funeral HomeName of Deceased Roderick M. MacNeillAge 81 years — months — daysPlace of death Framingham, MaDate of death August 26, 2006Cause of death Carcinoma of Lung
Southboro MaInterment at Rural CemeteryDate permit issued September 21, 2006Certified by H. Elliott Larson M.D.No. 06-10**BURIAL (OR REMOVAL) PERMIT**

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Roderick M. MacNeill

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery September 26, 2006 (Name of cemetery or crematory) (City or town)on September 26, 2006Certified by S. E. Larson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. OG-11.....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home....

Name of Deceased Timothy J. Norton

Age 45 years -- months -- days

Place of death Southborough MA

Date of death October 1, 2006

Cause of death Cancer of Appendix

Interment at Rural Crematory

Date permit issued October 3, 2006

Certified by Matthew Kulke M.D.

No. OG-11.....

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Timothy J. Norton

If a U. S. War Veteran, specify what war, organization, etc.

— — —

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

at 180 Grove Street (Name of cemetery or crematory)
on OCT 04 2006 (City or town)
Worcester, MA 01605

Certified by John H. C. (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.

Oct-12

No.

Oct-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOME

Name of Deceased

Name of Deceased

Age.....82..... years — months — days

Place of death

Date of death

Cause of death

Interment at

Date permit issued

Certified by

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk's Office
(Office issuing permit)City or Town of Southborough Mass.

Name of deceased

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Hural Crem. (Name of cemetery or crematory)at 180 Grove St., Worcester, Mass. (City or town)on OCT 06 2006

Certified by

J. D. Smith
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the Office of the Town Clerk Nov. 2, 2006 11:00am.

Paul J. Berry

Paul J. Berry, Town Clerk

Oct-12

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. *06-12*

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)
(This permit can be signed only by the agent of the Board of Health for in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTHBOROUGH *15-2006*
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to
MORRIS FUNERAL HOME, 40 MAIN ST., Southborough
(Name) (Address)

for the removal from and the interment
(To be filled out in case of removal)
at RURAL CEMETERY Cemetery in WORCESTER, of the

body of MARILYN E. BROOKS who died *Oct. 3, 2006*
(Give full name of deceased) (Month) (Day) (Year)

age: *82* years, months, days.

Cause of death METASTATIC LUNG CARCINOMA

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death *49 Boston Rd, 4C, Southborough*

(Signature of Agent of Board of Health or, in towns where there is no

R-309

No.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Mass.

Name of deceased MARILYN E. BROOKS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated remains
I hereby certify that the ~~body~~ accompanying this permit was
disposed of in accordance with its terms

Rural Cemetery Southborough, MA
at (Name of cemetery or crematory) (City or town)

October 8, 2006

Sec. 3, Lot 28B, Gr. #1A

Certified by *Paul J. Berry* (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Oct-13....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Leonora S. YorstonAge 87 years - months - daysPlace of death Southborough, MADate of death November 6, 2006Cause of death Septic ShockInterment at Rural CemeteryDate permit issued Nov. 8, 2006Certified by Paul J. Wright M.D.

Oct-13....

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Leonora S. Yorston

If a U. S. War Veteran, specify what war, organization, etc.

- - -**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA
(Name of cemetery or crematory) MA
(City or town)on November 10, 2006
Section M, Grave #135Certified by Paul J. Wright M.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-14**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris FUNERAL HOMEName of Deceased CATHERINE MACDONALDAge 83 years — months — daysPlace of death SOUTH BOROUGH, MADate of death Nov. 11, 2006Cause of death LUNG CANCERInterment at RURAL CEMETERYDate permit issued Nov. 14, 2006Certified by JOHN KRIKORIAN M.D.No. 06-14**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased CATHERINE MACDONALD

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on November 15, 2006
Sec. B-West, Lot 49, Grv #2Certified by John Krikorian, M.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-15**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to BRITTON-SUMMERS FUNERAL HOME INC.Name of Deceased MADDISON ROSEANNE WEBSTERAge — years — months — Previa
bale fetus daysPlace of death BOSTON, MADate of death Nov. 6, 2001Cause of death PREVIABLE FETUSInterment at RURAL CEMETERY, SouthboroughDate permit issued Nov. 16, 2001Certified by New England Medical Center M.D.No. 06-15**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of Southborough Mass.Name of deceased MADDISON ROSEANNE WEBSTER

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Luke's Westborough, MA
(Name of cemetery or crematory) (City or town)on Nov. 16, 2001Certified by (Rev.) George O. Lange
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. OCT-16**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Douglas CurtissAge 50 years - months - daysPlace of death Southborough MADate of death Nov. 12, 2006Cause of death LeukemiaInterment at Rural CrematoryDate permit issued Nov. 20, 2006Certified by Karen Ballen M.D.No. OCT-16**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Douglas Curtiss

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at 180 Grove Street (City or town)
(Name of cemetery or crematory)on NOV. 20, 2006 Worcester, MA 01652Certified by Jeanne D. Ballen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Paul J. Berry

Paul J. Berry, Town Clerk

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICSNo. OC-16

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov. 20, 2006
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Douglas Morris Eunice Home
(Name) (Address)

for the removal from and the interment

(To be filled out in case of removal)
at Rural Crematory Cemetery in Worcester of the
body of Douglas Morris who died Nov 12, 2006
(Give full name of deceased) (Month) (Day) (Year)
age 50 years, 0 months, 0 days.Cause of death Leukemia

If a U. S. War Veteran, specify what war, organization, etc. _____

Residence at time of death 81 Mt. Vickery Rd Southboro*Paul J. Berry*
(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No. OC-16

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Douglas CortessIf a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on July 18, 2007 Sec. 1, Grv #78ACertified by *Douglas J. Ellington, Jr. Cem.*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 06-17**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Hugh T. McCANN, JR.Age 72 years — months — daysPlace of death Southborough, MADate of death Dec. 7, 2006Cause of death Lower Gastrointestinal BleedInterment at FUNERAL CEMETERYDate permit issued Dec. 11, 2006Certified by DR. Richard Evans M.D.No. 06-17**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk's Office
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased HUGH T. McCANN, JR.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on DeCember 12, 2006Certified by D. Richard Evans, M.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Henry C. Boyle, IIIName of Deceased Joseph W. PetrowskiAge 88 years — months — daysPlace of death SouthboroughDate of death December 26 2006Cause of death CARNEUMATOSISInterment at St. Stephen's CemeteryDate permit issued December 27 2006Certified by Nelena A. Thornley M.D.

BURIAL (OR REMOVAL) PERMIT**Stub to be retained by officer issuing permit**

Issued to Wayne F. Brascia Sr.

Name of Deceased Jane E. Gottlieb

Age 49 years - months - days

Place of death Southborough Ma

Date of death Jan 4, 2007

Cause of death Pending

Interment at Mt. Auburn Crematory

Date permit issued Jan 16, 2007

Certified by Elizabeth Burdock M.D.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-02

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough March 7 2007
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to
Morris Funeral Home 40 Main St
(Name) (Address)

for the removal from and the interment

at Rural Crematory Cemetery in Worcester, of the
body of Peter I Kallander who died March 6, 2007
(Give full name of deceased) (Month) (Day) (Year)

age 75 years, — months, — days.

Cause of death Metastatic Lung Cancer

If a U. S. War Veteran, specify what war, organization, etc. Korea MA

Residence at time of death 30 Meadow Ln Southboro

Paul J. Boni
(Signature of Agent of Board of Health, in towns where there is no Board of Health, or Town Clerk)

07-02
No.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Peter I. Kallander

If a U. S. War Veteran, specify what war, organization, etc.

Korean War

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA
(Name of cemetery or crematory) (City or town)

on May 10, 2016

Certified by Z. G. Kelly, Jr. Esq.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-02

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home

Name of Deceased Peter I. Kalknder

Age.....75..... years - months - days

Place of death: Southborough Ma

Date of death: March 6, 2007

Cause of death Metastatic Lung Cancer

Interment at Rural Crematory

Date permit issued March 7, 2007

Certified by John Krikorian M.D.

07-02

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

This coupon to be returned immediately, if, etc., etc.

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Peter J. Kallander.

If a U. S. War Veteran, specify what war, organization, etc.

Korean / ARMy

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory
at 180 Grove Street (City or town)
on Worcester, MA 01605
Name of Cemetery or crematory
MAR 11 9 2007

Certified by John A. Correll
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-03.....

No. 07-03.....

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral.....

Name of Deceased Louis J. Bertonazzi

Age..... 96 years - months - days

Place of death 66 Marlboro Rd.....

Date of death March 12, 2007.....

Cause of death Osteomyelitis.....

Interment at Rural Cemetery.....

Date permit issued March 15, 2007.....

Certified by Frank Chan..... M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southboro..... Mass.

Name of deceased Louis J. Bertonazzi

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery..... Southborough, MA.....
(Name of cemetery or crematory) (City or town)

on March 17, 2007.....

Certified by See. A., Lot 12, Gry#7.....

If there is no officer in charge, under signature should sign and return this stub.

No. 07-04

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Nancy MorrisName of Deceased James P. ChanceAge 70 years -- months -- daysPlace of death Southborough MADate of death April 17, 2007Cause of death Metastatic CancerInterment at Rural CrematoryDate permit issued April 18, 2007Certified by Sennifer Tseng M.D.

No. 07-04

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased James P. Chance

If a U. S. War Veteran, specify what war, organization, etc.

 ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematoryat 180 Grove Street
(Name of cemetery or crematory) (City or town)Worcester, MA 01605APR 24 2007Certified by John W. Cobell(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-05

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Gail B. SchneiderAge 49 years -- months -- daysPlace of death Southborough MaDate of death Met April 19 2007Cause of death CancerInterment at Rural CrematoryDate permit issued April 20 2007Certified by John Krikorian M.D.

No. 07-05

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Gail B. Schneider

If a U. S. War Veteran, specify what war, organization, etc.

— — —**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory, city or town)
on APR 23 2007
Rural Crematory
180 Grove Street
Worcester, MA 01605Certified by John H. Cabell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-06

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS FUNERAL HOME

Name of Deceased VIRGINIA A. STONE

Age..... 88 years..... months..... days.....

Place of death... Southborough, MA

Date of death... April 20, 2007.....

Cause of death: Metastatic breast cancer

Interment at RURAL CREMATORIUM

Date permit issued April 23, 2007

Certified by Edward Hoffer MD M.D.

No. 07-06

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK
(Officer in charge)

City or Town of Saunderstown Mass.

Name of deceased Virginia A. Stone

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory
at 180 Grove Street
on *Apr. 23, 2007* Worcester, MA 01605
(Name of cemetery or crematory) (City or town)

Certified by *John H. Cobell*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received and filed in the Office of the Town Clerk May 15, 2007

12:00noon

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-06

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Tex. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health for in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER THE FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTHBOROUGH April 23, 2007

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to
MORRIS FUNERAL HOME, 50 MAIN ST., SOUTHBOROUGH, MA
(Name) (Address)

for the removal from and the interment
at RURAL CEMETERY Cemetery in WORCESTER, MA, of the
body of VIRGINIA A. STONE who died APRIL 20, 2007
(Give full name of deceased) (Month) (Day) (Year)
age 88 years, months, days.

Cause of death METASTATIC BREAST CANCER
If a U.S. War Veteran, specify what war, organization, etc. WW II

Residence at time of death 42 MAIN ST. HANOVER, MASS. SOUTHBOROUGH, MA

(Signature of Agent of Board of Health, in towns where there is no
Board of Health, or Town Clerk)

R-309

Paul J. Berry, Town Clerk

No. 07-06

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK

(Office issuing permit)

City or Town of Southborough Mas

Name of deceased VIRGINIA A. STONE

If a U. S. War Veteran, specify what war, organization, etc.
WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on April 26, 2007

Certified by (Signature of departmental, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-07

No. 07-07

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOMEName of Deceased Thomas Francis SullivanAge 63 years — months — daysPlace of death SouthboroughDate of death May 21, 2007Cause of death Metastatic cancer of thePancreasInterment at RURAL CREMATORIUM
Worcester MADate permit issued MAY 21, 2007Certified by John Krikorian M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased Thomas Francis Sullivan

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at RURAL CREMATORIUM
at MAY 29 2007 (Name of cemetery or crematory)
on 180 Grove Street (City or town)
Worcester, MA 01605Certified by John H Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-08

No. 07-08

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Metronest Funeral HomeName of Deceased Jack L. McCluskeyAge 91 years — months — daysPlace of death SouthboroughDate of death JUNE 2, 2007Cause of death Congestive Heart FailureInterment at DUXBURY CREMATORYDate permit issued JUNE 6, 2007Certified by Kimberly R. Buckman M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased JACK L. MCCLUSKEY

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Duxbury Crematory, Duxbury, Mass.
(Name of cemetery or crematory) (City or town)on JUN 12 2007Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

Received & filed 6/11/08.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT*This section to be returned immediately to the issuing City/Town, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Jack L. McCluskey

If a U.S. War Veteran, specify what war, organization, etc.

WWII**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Duxbury Crematory, Duxbury, MA
(Name of cemetery or crematory) (City or Town)on June 12, 2007
Rural Cemetery Sec.L, Grv#7A
Final Disposition Southborough, MA 01772Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 07-09

No. 07-09

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Richard S. Perlman
Sharon Memorial Park

Name of Deceased Vivian B. Morse

Age 53 years — months — days

Place of death Southborough Ma

Date of death June 21, 2007

Cause of death Pending

Interment at Sharon Memorial Park

Date permit issued June 25, 2007

Certified by Richard S. Evans M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
(Office issuing permit)

City or Town of Southborough, Mass.

Name of deceased Vivian B. Morse

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Sharon Mem Park, Sharon 30/100/3
(Name of cemetery or crematory) (City or town)

on 6/26/07

Certified by S. M. Malingowski (st)
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-10.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Fun Home
 Name of Deceased Lee W Catineau

Age 75 years -- months -- days

Place of death Southborough MA

Date of death July 8, 2007

Cause of death Cardiac Arrest

Interment at Rural Cemetery

Date permit issued July 10, 2007

Certified by David Halem M.D.

No. 07-10.....

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
 (Office issuing permit)

City or Town of Southboro Mass.

Name of deceased Lee W Catineau

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or town)

on July 7, 2007

Certified by David Halem M.D.
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-11No. 07-11**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOMEName of Deceased BARBARA NELSONAge 77 years — months — daysPlace of death SOUTHBOROUGHDate of death JULY 17, 2007Cause of death Non Small cell Carcinoma
of Lung with CNS metastases
Interment at RURAL CREMATORIUMDate permit issued JULY 18, 2007Certified by CHARLES ROSENBAUM M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Barbara Nelson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with the permit

at Rural Crematory
180 Grove Street
Worcester, MA 01605on JUL 19 2007 (Name of cemetery or crematory or town)Certified by John T. Cobell

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

R-309



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-11

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

SOUTH BOROUGH JULY 18 2007
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to
MORRIS FUNERAL HOME, 40 MAIN ST Southborough
(Name) (Address)

for the removal from , and the interment

(To be filled out in case of removal)
at RURAL CEMETERY Cemetery in WORCESTER, of the
body of BARBARA NELSON who died JULY 17 2007
(Give full name of deceased) (Month) (Day) (Year)
age 77 years, months, days.

Cause of death LUNG CANCER

If a U. S. War Veteran, specify what war, organization, etc. None

Residence at time of death 246 CORNELL RD

Paul J. Berry

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

R-309

No. 07-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Barbara Nelson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body cremated remains accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on July 21, 2007 Sec. 1-A, Lot F, Grv #16

Certified by Dickie H. Miller, Jr., R.R. #1, Southborough
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-12

No. 07-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Frances A. BaconAge 70 years months daysPlace of death 8 Fiddleback LaneDate of death July 22, 2007Cause of death Pulmonary Hypertension w/
cardiomyopathyInterment at Rural Cemetery SocietyDate permit issued July 25, 2007Certified by Dr. Karen Cohen M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Frances A Bacon

If a U. S. War Veteran, specify what war, organization, etc.

 ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA 01772
(Name of cemetery or crematory)
(City or town)on July 26, 2007 SEC. H, Gry #142Certified by Daniel C. Henry, Jr., Esq.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-13.....

No. 07-13....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Henri E LeblondName of Deceased Paul Michael ManciacottiAge 56 years — months — daysPlace of death Southborough MaDate of death August 20, 2007Cause of death Lung CancerInterment at No Purchase CemDate permit issued Aug 22, 2007Certified by Dx. T. Timothy Semst M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Paul Michael Manciacotti

If a U. S. War Veteran, specify what war, organization, etc.

— — —**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Woodlawn Purchaser Cemetery, Attleboro
(Name of cemetery or crematory) (City or town)on August 24, 2007Certified by Cemetery
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-14

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Fitzgerald & CollinsName of Deceased PAUL Edward MOOREAge 34 years — months — daysPlace of death 250 PARKERVILLE RDDate of death Aug. 22, 2007Cause of death HANGINGInterment at RURAL CREMATORYDate permit issued Aug. 27, 2007Certified by MARIE E. CANNON M.D.

No. 07-14

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased PAUL EDWARD MOORE

If a U. S. War Veteran, specify what war, organization, etc.

 ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
180 Grove Street
(City or town)
on AUG 28 2007 Worcester, MA 01605Certified by John T. Conley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-15No. 07-15**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOMEName of Deceased WILLIAM GARFIELD BINDER, Jr.Age 86 years — months — daysPlace of death SOUTH BOROUGHDate of death SEPT. 8, 2007Cause of death HEART DISEASEInterment at RURAL, Southborough MADate permit issued Sept. 10, 2007Certified by NINAD SAMANT M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William G. BINDER, JR.

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on September 12, 2007 Sec. 2, lot 10, Cem. 4Certified by D. B. S.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 07-16

No. 07-16

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to JOHN EVERETT + SONS, Inc.....

Name of Deceased Stephen P. Griffey.....

Age..... 53 years — months — days

Place of death SOUTHBOROUGH, MA.....

Date of death Nov. 8, 2007.....

Cause of death Respiratory Arrest.....

Interment at Rural Cemetery, Southborough
MA.....

Date permit issued Nov. 9, 2007.....

Certified by Julia Gallagher..... M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Stephen P. Griffey.....

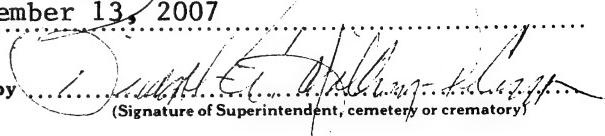
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery S0uthborough, MA 01772
(Name of cemetery or crematory) (City or town)

on November 13, 2007.....

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 06-01

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred, AFTER THE FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southboro Feb. 27, 2008 19

(City or town)

(Date)

A satisfactory certificate of death having been filed/permission is hereby given to

Morris Funeral Home, 40 Main St
(Name) (Address)

for the removal from 15 Crossord St., and the interment

(To be filled out in case of removal)

at Rural Crematory Cemetery in Worcester, of the

body of William North Davis Jr. Feb 26, 2008
(Give full name of deceased) who died 19

(Month)

(Day)

(Year)

age 89 years, months, days.

Cause of death Ischemic Cardiomyopathy

W.W.II

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Southborough MA

Paul J. Boni

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

N.S.O.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased William North Davis Jr.

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated remains

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City or town)

on July 5, 2008

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-01

No. 08-01

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home
 Name of Deceased William North Davis Jr

Age 89 years 0 months 0 days

Place of death Southborough MA

Date of death Feb 26, 2008

Cause of death Ischemic Cardiomyopathy

Interment at Rural Cemetery

Date permit issued Feb 27, 2008

Certified by David Levitin M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
 (Office issuing permit)

City or Town of Southborough Mass.

Name of deceased William North Davis Jr

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
 (Name of cemetery or crematory)
 on
 (City or town)
 Worcester, MA 01650

Certified by John H Cobell
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-02....

No. 08-02....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*
Metropost Fun HomeIssued to Edgehill Grove Cem.Name of Deceased Gerald L Smith MDAge 70 years -- months -- daysPlace of death Southboro MaDate of death March 1, 2008Cause of death Resp ArrestInterment at Edgehill Grove Cem.Date permit issued March 4, 2008Certified by Shahnaz Montague M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to _____
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Gerald L Smith MD

If a U. S. War Veteran, specify what war, organization, etc.

_____**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at EDGELL GROVE FRAMINGHAM
(Name of cemetery or crematory) (City or town)on MAR 4 2008Certified by Kevin T. Denler (S.P.D.)
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-03....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Rand Harper, WestboroName of Deceased William R. RobinsonAge 77 years -- months -- daysPlace of death Southborough MaDate of death Feb. 26. 2008Cause of death Lung Cancer/COPDInterment at Rural CemeteryDate permit issued March 4, 2008Certified by Prashantha Holla M.D.

No. 08-03....

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Hall
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Town Clerk

If a U. S. War Veteran, specify what war, organization, etc.

Korea**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)on March 8, 2008Certified by Prashantha Holla M.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-04

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to BENOIT J. BRODEUR, JR.
CONWAY CAHILL-BRODEUR FH, Peabody

Name of Deceased JEFFERY A. SPARKAS

Age 48 years months days

Place of death SOUTHBOROUGH

Date of death MARCH 12, 2008

Cause of death ACUTE RUPTURED MYOCARDIAL INFARCTION

Interment at CEDAR GROVE CEMETERY

Date permit issued MARCH 14, 2008

Certified by RICHARD FUANS M.D.

No. 08-04

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to TOWN CLERK'S OFFICE
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of deceased JEFFERY A. SPARKAS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at CEDAR GROVE CEMETERY, PEABODY, MA. 01960
(Name of cemetery or crematory) (City or town)

on MARCH 17, 2008
 on LOT 91, SEC. H - AZALEA AVE

Certified by David Evans
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-05

No. 08-05

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to SHOPT & SON F.H.Name of Deceased Philip C. BealsAge 88 years — months — daysPlace of death SOUTH BOROUGHDate of death MARCH 30, 2008Cause of death ASPIRATION PNEUMONITISInterment at ALL FAITHS CREMATORYDate permit issued APRIL 1, 2008Certified by DANIEL MASSARELLI M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased PHILIP C. BEALS

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at All Faiths Crematory Winchester
(Name of cemetery or crematory) (City or town)on 4/3/08Certified by Katherine P. M. Beals
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-06No. 08-06**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOMEName of Deceased JOSEPHINE J. BARTOLINIAge 83 years — months — daysPlace of death SOUTHBOROUGHDate of death APRIL 3, 2008Cause of death ALZHEIMERS DISEASEInterment at RURAL CEMETERYDate permit issued APRIL 4, 2008Certified by JOSEPH A. HARRINGTON, M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased JOSEPHINE J. BARTOLINI

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA 01772
(Name of cemetery or crematory) (City or town)on April 7, 2008Certified by Joseph A. Harrington, M.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-07

No. 08-07

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Matarese Funeral HomeName of Deceased Marcello F. MalleganiAge 83 — months — daysPlace of death Southborough Ma.Date of death May 17, 2008Cause of death Atherosclerotic Heart DiseaseInterment at Rural CemeteryDate permit issued May 19, 2008Certified by Ernesto G. Jose M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Marcello F. Mallegani

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery S0uthborogh, MA 01772
(Name of cemetery or crematory) (City or town)on May 20, 2008 Sec. 6, Lot 27C, Crv#1Certified by Donald C. Allen, Jr., Esq.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-08

No. 08-08

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to CALLANAN F.H.Name of Deceased William J. SURETTEAge 80 years — months — daysPlace of death SOUTH BOROUGHDate of death JUNE 2, 2008Cause of death Staphylococcus aureus
bacteremiaInterment at Evergreen Cemetery
Hopkinton MADate permit issued JUNE 4, 2008Certified by CHARLES S. ROSENBAUM M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of Southborough Mass.Name of deceased William J. Surette

If a U. S. War Veteran, specify what war, organization, etc.

YES ARMY PFC KOREA**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat EVERGREEN CEMETERY Hopkinton MA
(Name of cemetery or crematory) (City or town)on June 5th 2008Certified by Charles W. Mare
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.
08-09**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to MILES FUNERAL HOMEName of Deceased CHIA LUNG WuAge 74 years - months - daysPlace of death SOUTHBOROUGHDate of death JUNE 3, 2008Cause of death PARKINSONS DISEASEInterment at RURAL CREMATORIUM
Worcester, MADate permit issued JUNE 5, 2008Certified by Melissa Rothmell M.D.No.
08-09**DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT***This section to be returned immediately to the Issuing City/Town, properly endorsed*
to Southborough Town Clerk's Office
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Chia Lung Wu

If a U.S. War Veteran, specify what war, organization, etc.

no

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)
on JUN 10 2008 180 Grove Street
Worcester, MA 0160

Final Disposition

Certified by John H Cobell

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 08-10**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Ann D. LeavittAge 76 years -- months -- daysPlace of death 24 Main St. SouthboroDate of death August 19, 2008Cause of death Pancreatic CancerInterment at Rural CemeteryDate permit issued August 22, 2008Certified by Michael Goldstein M.D.No. 08-10**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Ann D. Leavitt

If a U. S. War Veteran, specify what war, organization, etc.

---**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery
180 Grove St.
(Name of cemetery or crematory)on Worcester, MA 01605Certified by John T. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

AUG 22 2008

(City or town)

No. 08-11.....

No. 08-11.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Harold StiversAge 79 — months — daysPlace of death Southborough MaDate of death Sept 5 2008Cause of death Cardiac ArrestInterment at Rural CemeteryDate permit issued Sept 17 2008Certified by John B. Parker M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Harold Stivers

If a U. S. War Veteran, specify what war, organization, etc.

— — —

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, Ma
(Name of cemetery or crematory) (City or town)on September 17, 2008Certified by John B. Parker
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-12

No. 08-12

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to TIGHE-HAMILTON FUNERAL HOMEName of Deceased ... STANLEY P. STANECHENSKIAge..... 79 years — months — daysPlace of death..... SOUTH BOROUGH, MADate of death..... SEPT. 3, 2008Cause of death..... LUNG CANCERInterment at St. Michael Cemetery, Hudson MADate permit issued Sept. 17, 2008Certified by CHRISTIAN POTTER M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to JONN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased STANLEY P. STANECHENSKI

If a U. S. War Veteran, specify what war, organization, etc.

KOREA US NAVY**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Michaels Cemetery
(Name of cemetery or crematory)
(City or town)on 9-18-08Certified by Ronald H. Calhoun
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-13.....

No. 08-13.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Matilda a CrucianiAge 93 - months - daysPlace of death SouthboroughDate of death Sept 21, 2008Cause of death Senile DementiaInterment at Rural Cem. SouthboroDate permit issued Sept 23, 2008Certified by David Levitin M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Matilda a Cruciani

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, Mass.
(Name of cemetery or crematory) (City or town)on September 25, 2008Certified by David Levitin M.D.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-14.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to John Everett & Sons.....

Name of Deceased Paul M. Polk.....

Age 59 years - months - days

Place of death Southborough
~~Newton C.A.C.E.D.~~

Date of death Oct. 26, 2008.....

Cause of death Lung Cancer.....

Interment at Newton Crematory

Date permit issued Oct. 29, 2008.....

Certified by Ponos Fidias M.D.

No. 08-14.....

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Paula M. Polk.....

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory Newton MA
(Name of cemetery or crematory) (City or town)

on October 31, 2008.....

Certified by
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub'



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 08-15

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov 4, 2008
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to
Morris Funeral Home 40 Main St
(Name) (Address) Southboro

for the removal from and the interment

at Rural Crematory Cemetery in Worcester, of the

body of Donald L Hart Sr who died Nov 3, 2008
(Give full name of deceased) (Month) (Day) (Year)

age 85 years, months, days.

Cause of death End Stage Renal Disease

If a U. S. War Veteran, specify what war, organization, etc. WW II

Residence at time of death 252 Boston Rd Southboro

Paul J. Berry
(Signature of Agent of Board of Health, or, in towns where there is no
Board of Health, of Town Clerk)

08-15

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Donald L Hart Sr

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the X accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on November 5, 2010

Certified by B. C. Kelly, Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-15.....

No. 08-15.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to MORRIST FUNERAL HOMEName of Deceased DONALD L. HART SR.Age 85 years — months — daysPlace of death 252 BOSTON RDDate of death Nov. 3, 2008Cause of death END STAGES RENAL DISEASEInterment at RURAL CREMATORIUMDate permit issued Nov. 4, 2008Certified by ALAN JACKSON M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Donald L Hart SR.

If a U. S. War Veteran, specify what war, organization, etc.

WW II**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory)
City or town _____on NOV 05 2008 Worcester, MA 01605Certified by John H. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No.08-16**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to NORTON FUNERAL HOME, Inc.Name of Deceased JOHN PATRICK HANLEYAge 55 years — months — daysPlace of death SOUTHBOROUGHDate of death Oct 27, 2008Cause of death METASTATIC CANCER OF
OPHARYNGEAL ORIGINInterment at St. Stephen CemeteryDate permit issued Oct 31, 2008Certified by JOHN R CLARK M.D.No.08-16**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased JOHN PATRICK HANLEYIf a U. S. War Veteran, specify what war, organization, etc.
—**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Stephen Cemetery
(Name of cemetery or crematory)on Oct 31, 2008 New Green ¹⁷ 56 of 6Certified by Ronald Deneen
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-17No. 08-17**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased William H. WebberAge 53 years — months — daysPlace of death SouthboroughDate of death November 11, 2008Cause of death PULMONARY EMBOLUS, PANCREATIC CANCERInterment at St. MARY'S Cemetery, Milford, MADate permit issued Nov. 13, 2008Certified by CHARLES S. FUCH M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased WILLIAM H. WEBBER

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's, Milford, MA
(Name of cemetery or crematory) (City or town)on Nov. 15, 2008Certified by John P. Mulcahy Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-18

No. 08-18

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Christopher D. KendallAge 55 years months daysPlace of death 1 Independence Dr. S. boroDate of death Nov. 15. 2008Cause of death CancerInterment at Rural Crematory
WorcesterDate permit issued Nov. 17. 2008Certified by Steven Grossman M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Tower Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Christopher D. Kendall

If a U. S. War Veteran, specify what war, organization, etc.

U.S. Navy**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) (City or town)
on NOV 18 2008 180 Grove Street
Worcester, MA 01605Certified by John N. Cobell
(Signature of Superintendent, Cemetery or Crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 08-19

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the filing and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov. 24, 2008 0
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to
Ronald H. Campbell Morris Fun Home
(Name) (Address)

for the removal from and the interment
(To be filled out in case of removal)

at Rural Crematory Cemetery in Worcester, of the
body of Ronald H. Campbell who died Nov. 22, 2008
(Give full name of deceased) (Month) (Day) (Year)

age 75 years, months, days.

Cause of death Metastatic Esophageal Cancer

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death Southborough Ma

Paul J. Berry
(Signature of Agent of Board of Health, or, in towns where there is no
Board of Health, of Town Clerk)

08-19

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Ronald H. Campbell

If a U. S. War Veteran, specify what war, organization, etc.
.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at Rural Cemetery Southborough, MA 01772
(Name of cemetery or crematory) (City or town)

on March 18, 2016

Certified by Brian C. Flynn
(Signature of Superintendent cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to Morris Funeral Home
 No. 05-19

Name of Deceased Ronald H. Campbell

Age 75 years - months - days

Place of death Southborough Ma.

Date of death Esophageal Carcinoma
Nov 22 2008

Cause of death Nov 22 2008

Interment at Rural Crematory

Date permit issued Nov 24 2008

Certified by Vinay Kumar M.D.

No. 08-19**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Ronald H. Campbell

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory
 at
(Name of cemetery or crematory)

on NOV. 25 2008 Worcester, MA 01605

Certified by John H. Campbell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08-20....

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Kevin F. ConnollyIf a U. S. War Veteran, specify what war, organization, etc.
-----**ENDORSEMENT***(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat St. Joseph Cemetery, Falmouth
(Name of cemetery or crematory) (Falmouth)
(City or town)on Jan. 9, 2009Certified by John Derry
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 08.20...

No. 08.20...

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Slattery Funeral HomeName of Deceased Kevin F. ConnollyAge 50 years 0 months 0 daysPlace of death Southboro MaDate of death Dec 13, 2008Cause of death PendingInterment at Rural CrematoryDate permit issued Dec 17, 2008Certified by Peter Cummings M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Kevin F. Connolly

If a U. S. War Veteran, specify what war, organization, etc

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at DEC 18 2008 Rural Crematory
Name of cemetery or crematory (City or town)on Worcester, MA 01606 180 Grove StreetCertified by John A. Corr
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-01.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Kathy Lewin HoneName of Deceased Robert H. KelleyAge 80 years months daysPlace of death 26 Edgewood Rd 2b00Date of death Dec. 30, 2008Cause of death Metastatic melanomaInterment at Rural CemeteryDate permit issued Jan. 2, 2009Certified by Kathryn Edmiston M.D.

No. 09-01.....

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of deceased Robert H. Kelley

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboorugh, MA
at
(Name of cemetery or crematory) (City or town)on January 3, 2009Certified by D. Kelley
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-02

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Mavis Funeral HomeName of Deceased ROSE B. GladwinAge 81 years months daysPlace of death SouthboroughDate of death Feb. 11, 2009Cause of death Heart DiseaseInterment at Rural CrematoryDate permit issued Feb. 12, 2009Certified by KATYA DIVAR, M.D.

No. 09-02

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk's Office
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of deceased ROSE B. Gladwin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
at 180 Grove Street City or townon FEB 16 2009 Worcester, MA 01605Certified by John A. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-03No. 09-03**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to MORRIS FUNERAL HOMEName of Deceased MARA RACENISAge 76 years — months — daysPlace of death SOUTHBOROUGHDate of death MARCH 19, 2009Cause of death HYPERTENSION
CARDIOVASCULAR DISEASEInterment at RURAL CREMATORY
WORCESTERDate permit issued MAR 23, 2009Certified by CHARLES H. WEISS M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of deceased MARA RACENIS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory)on March 23, 2009 180 Grove Street (City or town)
Worcester, MA 01605Certified by John T. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-04No. 09-04**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to JOHN EVERETT & SONSFUNERAL HOMEName of Deceased WALTER ALBERT SEAVER, JR.Age 49 years — months — daysPlace of death 50 TURNPIKE RD
SOUTH BOROUGHDate of death MARCH 24, 2009Cause of death PENDINGInterment at NEWTON CREMATORIUMDate permit issued MAR. 26, 2009Certified by RICHARD EVANS M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S
(Office issuing permit)City or Town of Southborough Mass.Name of deceased WALTER ALBERT SEAVER, JR.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory Newton MA
(Name of cemetery or crematory) (City or town)on March 31, 2009Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 59-05

No. 57-05

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Matarese FuneralName of Deceased Denise Ann NicholsonAge 52 years — months — daysPlace of death 15 Pleasant Street, SouthboroughDate of death March 27, 2009Cause of death Pancreatic CancerInterment at Rural CrematoryDate permit issued March 30, 2009Certified by Kala Seetharaman M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough, Mass.Name of deceased Denise Ann Nicholson

If a U. S. War Veteran, specify what war, organization, etc.

— — —**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at APR 01 2009

(Name of cemetery or crematory)

on Worcester, MA 01650Certified by John T. Cobell

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 09-05

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough March 30, 2009

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to
Matarese Funeral Home, Ashland, MA
(Name) (Address)

for the removal from and the interment
 at ^(To be filled out in case of removal)
 Rural Crematory Cemetery in Worcester, of the
 body of Denise Ann Nicholson who died March 27, 2009
 age 52 years, 0 months, 0 days.
 (Give full name of deceased) (Month) (Day) (Year)

Cause of death Metastatic Pancreatic Cancer

If a U. S. War Veteran, specify what war, organization, etc. ---

Residence at time of death 15 Pleasant St, Southboro

Ted J. Bay

(Signature of Agent of Board of Health, in towns where there is no Board of Health, or Town Clerk)

No. 09-05

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough, Mass.

Name of deceased Denise Ann Nicholson

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the baby accompanying this permit was
 disposed of in accordance with its terms

Rural Cemetery Southborough, MA
 at ^(Name of cemetery or crematory) (City or town)

on April 5, 2009 in Grv. 25A of Sec. L

Certified by D. M. Murphy - Clerk
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-08

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*Issued to Morris Funeral HomeName of Deceased Frank Ralph Locke Jr.Age 75 years months daysPlace of death Southborough, MaDate of death June 15, 2009Cause of death Bladder CancerInterment at Rural Cem. SouthboroDate permit issued June 16, 2009Certified by S. Jonathan Grapnick M.D.

No. 09-08

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Frank Ralph Locke Jr.

If a U. S. War Veteran, specify what war, organization, etc.

— — —

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory or town)on JUN 17 2009 Worcester, MA 01605Certified by John T. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 09-08

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough June 16 2009
(City or town) (Date)

A satisfactory certificate of death having been filed, permission is hereby given to
Morris Funeral Home 40 Main St Southboro
(Name) (Address)

for the removal from _____ and the interment

(To be filled out in case of removal)

at Rural Crematory Cemetery Southboro, of the
body of Frank Ralph Locke Jr. who died June 15 2009
(Give full name of deceased) (Month) (Day) (Year)
age 75 years, 0 months, 0 days.

Cause of death Bladder Cancer

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 2 Walker St. Southboro

(Signature of Agent of Board of Health in towns where there is no Board of Health, or Town Clerk)

No. 09-08

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Frank Ralph Locke Jr.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or town)

on June 25, 2009

Certified by Dale J. Kelly Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-06No. 09-06**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*

Issued to Metrowest Funeral Home

Name of Deceased Robert S. Braccio

Age 84 — months — days

Place of death Southboro, Ma

Date of death May 10, 2009

Cause of death COPD

Interment at Edgewell Grove Cem

Date permit issued May 14, 2009

Certified by Sharon Eppert M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased Robert S. Braccio

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Edgewell Grove Framingham
(Name of cemetery or crematory) Framingham (City or town)

on _____

Certified by Robert S. Braccio
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-07No. 09-07**BURIAL (OR REMOVAL) PERMIT***Stub to be retained by officer issuing permit*Issued to Chesmore Funeral HomeName of Deceased Herbert ChinAge 59 years - months - daysPlace of death SouthboroughDate of death MAY 22, 2009Cause of death Cerebral Vascular
AccidentInterment at Forrest Hills Cemetery
Boston, MADate permit issued MAY 26, 2009Certified by TAMMY C. HARRIS M.D.**BURIAL (OR REMOVAL) PERMIT***This coupon to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of deceased Herbert Chin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at FOREST HILLS CEMETERY, BOSTON, MA
(Name of cemetery or crematory)on May 27, 2009
(City or town)Certified by Markell Zabogich
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-09

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to MORRIS FUNERAL HOME.....

Name of Deceased DOROTHY A. CRONIN.....

Age..... 71 years — months — days

Place of death Southborough, MA.....

Date of death June 21, 2009.....

Cause of death Pulmonary Hypertension.....

Interment at Rural Cemetery, Southborough.....

Date permit issued June 23, 2009.....

Certified by MATTHEW BEAN..... M.D.

No. 09-09

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*to TOWN CLERK'S OFFICE
(Office issuing permit)

City or Town of Southborough..... Mass.

Name of deceased DOROTHY A. CRONIN.....

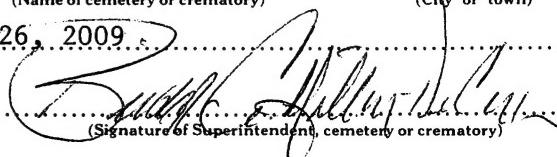
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery..... Southborough, MA.....
(Name of cemetery or crematory) (City or town)

on June 26, 2009.....

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 0910

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

Southborough Nov 16 2009

(City or town)

(Date)

A satisfactory certificate of death having been filed, permission is hereby given to

Henry C. Boyle 173 Union Ave Fram No.
(Name) *Mass.*
Henry C. Boyle 173 Union Ave Fram No.
(Address)

for the removal from and the interment

at *Newton Cemetery* Cemetery in *Newton*, of the

body of *John C. Hauchey* who died *Nov 13 2009*.
(Give full name of deceased) (Month) (Day) (Year)

age *78* years, *6* months, *6* days.

Cause of death *Malignant Cervical Prostate*.

If a U. S. War Veteran, specify what war, organization, etc. *Korean War* *South Korea*

Residence at time of death *58 William Onthart Rd*

(Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk)

No. 0910

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to *Town Clerk*
(Office issuing permit)

City or Town of Mass.

Name of deceased *John C. Hauchey*

If a U. S. War Veteran, specify what war, organization, etc;

Korean

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Newton Crematory *Newton*
at *EDGELL GROVE*
(Name of cemetery or crematory) (City or town)

on *November 18, 2009*

NOVEMBER 21 2009 - LOT # 5341

Certified by *Kevin T. Denberi* (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09-10

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk

(Office issuing permit)

City or Town of SOUTHborough Mass.Name of deceased John C. Haughey

If a U. S. War Veteran, specify what war, organization, etc

Korean**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Newton Crematory Newton

at EDGELL GROVE (Name of cemetery or crematory)

(City or town)

on November 18, 2009

NOVEMBER 21, 2009 - LOT # 5341Certified by Kevin T. Denberi (sgd)
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.

No. 09.10.....

No. 09-10.....

BURIAL (OR REMOVAL) PERMIT*Stub to be retained by officer issuing permit*

Issued to

Boyle Bros. Funeral Home

Name of Deceased

John C. Haughey

Age years months days

Place of death Southboro, 78 Willow Street
Orthopaedic

Date of death Nov. 13, 2009

Cause of death Metastatic Carcinoma

Interment at Newton Crematory

Date permit issued Nov. 16, 2009

Certified by Bart Alfano M.D.

BURIAL (OR REMOVAL) PERMIT*This coupon to be returned immediately, properly endorsed*

to

Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of deceased

John C. Haughey
Korean

If a U. S. War Veteran, specify what war, organization, etc

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
Newton Crematory Newtonat
(Name of cemetery or crematory) (City or town)

on .. November 18, 2009

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, undertaker should sign and return this stub.